PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  Application or Docket Number  005450-448																					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY										
TOTAL CLAIMS			33					RATE	FEE		RATE	FEE									
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00									
TOTAL CHARGEABLE CLAIMS			33 minus 20=		. 13			X\$ 9=		OR	X\$18=	234									
INDEPENDENT CLAIMS			4 minus 3 =		* (			X40=		OR	X80=	7TO									
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT					+135=		OR	+270=	13									
* If	the difference	in column 1 is	ess than ze	ro, ente	r "0" in c	olumn 2		TOTAL		OR	TOTAL	1024									
CLAIMS AS AMENDED - PART II										9	OTHER	THAN									
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								SMALL	and the second of the second of	OR	SMALL										
AMENDMENT A	46	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=										
<b>AME</b>	Independent	*	Minus	***		=		X40=		OR	X80=										
Ĺ	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDEN	T CLAIM		,	+135=		OR	+270=										
								TOTAL			TOTAL	and the second of the second									
(Column 1) (Column 2) (Column 3)								ADDIT. FEE	Control of the section	1 ~	ADDIT. FEE	A CONTRACTOR OF THE PARTY OF TH									
NDMENT B	,	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
	Total	*	Minus	**		=	]	X\$ 9=		OR	X\$18=.										
AMEN	Independent	*	Minus	***	T 01 4 11 1	=	Į Ì	X40=		OR	X80=										
L	FIRST PRESE	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					]	+135=		OR	+270=										
BEST AVAILABLE CORV								TOTAL			TOTAL	No. of the Charles									
								ADDIT. FEE		10.,	ADDIT. FEE										
<u></u>		(Column 1) CLAIMS		HIGI	HEST		<b>7</b> r		ADDI-		- 10 tus	ADDI-									
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE									
NOM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	<i>;</i>									
AME	Independent	*	Minus	***	T 01 417	=	┨╏	X40=		OR	X80=										
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╽┖	+135=		OR	+270=										
		mn 1 is less than t					.	TOTAL			TOTAL										
***	If the "Highest Nu	mber Previously P	aid For" IN TH	IS SPACE	is less tha	an 3, enter "3."	•	ADDIT. FEE	propriate bo	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											